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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/909,411
Filing Date	07/19/2001
First Named Inventor	Sharon Drew Morgen
Art Unit	2152
Examiner Name	Not yet assigned
Attorney Docket Number	23091-P001US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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The reasons for this request are:

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
 2. Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Sharon Drew Morgen			
Address		411 Brazos Street			
Address		Apt. 221			
City		Austin	State	TX	Zip
Country		USA			
Telephone		512-457-0246		Fax	
Name	Kelly K. Kopczik				
Signature			Registration No.	36,571	
Date	6-9-04		Telephone No.	512-370-2851	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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